

<i>SERFF Tracking Number:</i>	<i>RNIC-127795896</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>50260</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>SA-AMD-1 Amendment</i>		
<i>Project Name/Number:</i>	<i>SA-AMD-1 Amendment/</i>		

Filing at a Glance

Company: Reserve National Insurance Company

Product Name: SA-AMD-1 Amendment	SERFF Tr Num: RNIC-127795896	State: Arkansas
TOI: H02I Individual Health - Accident Only	SERFF Status: Closed-Approved	State Tr Num: 50260
Sub-TOI: H02I.000 Health - Accident Only	Co Tr Num:	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Donna Lambert
	Authors: Kyle Conrad, Brenda Ingram	Disposition Date: 11/17/2011
	Date Submitted: 11/14/2011	Disposition Status: Approved
Implementation Date Requested: On Approval		Implementation Date: 11/18/2011

State Filing Description:

General Information

Project Name: SA-AMD-1 Amendment	Status of Filing in Domicile: Authorized
Project Number:	Date Approved in Domicile: 11/08/2011
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 11/17/2011
	State Status Changed: 11/17/2011
Deemer Date:	Created By: Brenda Ingram
Submitted By: Brenda Ingram	Corresponding Filing Tracking Number:

Filing Description:
Mr. Dan Honey
Insurance Deputy Commissioner
Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Re: Reserve National Insurance Company – NAIC #68462
Form SA-AMD-1 – Amendment
Form OC SA-1 AR (11/11) – Outline of Coverage

SERFF Tracking Number: RNIC-127795896 State: Arkansas
Filing Company: Reserve National Insurance Company State Tracking Number: 50260
Company Tracking Number:
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: SA-AMD-1 Amendment
Project Name/Number: SA-AMD-1 Amendment/

Dear Mr. Honey:

We are submitting the above-referenced forms, which we request you consider for approval. This is a new filing not previously submitted.

Form SA-AMD-1 is an amendment to Scheduled Benefit Accident-Only Policy Form SA-1, which was previously approved by your office. Form SA-1 provides various benefits, as "scheduled" in the policy, for accidents only. One of the benefits in the policy is the Benefit for Emergency Room. The purpose of Amendment Form SA-AMD-1 is to enhance the Benefit for Emergency Room by (1) adding "urgent care center" as a setting for which benefits will be payable for covered treatment and (2) increasing the time period during which benefits will be payable for treatment of a covered accident in an emergency room/urgent care center from 48 hours following a covered accident to 144 hours following a covered accident.

This benefit enhancement will not impact premium rates at this time.

Form OC SA-1 AR (11/11) is a revised outline of coverage for the SA-1 policy that reflects the amendment to this policy as outlined above.

If this filing meets with your approval, please provide us with appropriate evidence thereof.

Thank you for your consideration in this matter. If there are any questions, you may contact me by telephone at (800) 874-1431, by fax at (405) 840-3426 or by e-mail at kconrad@unitrin.com.

Sincerely,

Kyle D. Conrad
Senior Vice President
and Associate Corporate Counsel

Company and Contact

Filing Contact Information

Kyle Conrad, Vice President & Associate Corporate Counsel
6100 N. W. Grand Blvd
Oklahoma City, OK 73118
kconrad@unitrin.com
800-874-1431 [Phone] 549 [Ext]

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>RNIC-127795896</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>50260</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>SA-AMD-1 Amendment</i>		
<i>Project Name/Number:</i>	<i>SA-AMD-1 Amendment/</i>		
Reserve National Insurance Company	CoCode: 68462	State of Domicile: Oklahoma	
601 East Britton Road	Group Code: 215	Company Type: Life and Health	
Oklahoma City, OK 73114	Group Name: Reserve National	State ID Number:	
(405) 848-7931 ext. 549[Phone]	FEIN Number: 73-0661453		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Reserve National Insurance Company	\$100.00	11/14/2011	53723730

<i>SERFF Tracking Number:</i>	<i>RNIC-127795896</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>50260</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>SA-AMD-I Amendment</i>		
<i>Project Name/Number:</i>	<i>SA-AMD-I Amendment/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	11/17/2011	11/17/2011

<i>SERFF Tracking Number:</i>	<i>RNIC-127795896</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>50260</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>SA-AMD-I Amendment</i>		
<i>Project Name/Number:</i>	<i>SA-AMD-I Amendment/</i>		

Disposition

Disposition Date: 11/17/2011

Implementation Date: 11/18/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>RNIC-127795896</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>50260</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>SA-AMD-1 Amendment</i>		
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	Yes
Supporting Document	Outline of Coverage	Approved	Yes
Form	Amendment	Approved	Yes
Form	Outline of Coverage	Approved	Yes

SERFF Tracking Number: RNIC-127795896 State: Arkansas

Filing Company: Reserve National Insurance Company State Tracking Number: 50260

Company Tracking Number:

TOI: H02I Individual Health - Accident Only Sub-TOI: H02I.000 Health - Accident Only

Product Name: SA-AMD-1 Amendment

Project Name/Number: SA-AMD-1 Amendment/

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/17/2011	SA-AMD-1	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider		Initial		59.618	SA-AMD-1.pdf
Approved 11/17/2011	OC SA-1 AR (11/11)	Outline of Coverage	Outline of Coverage	Revised	Replaced Form #: OC SA-1 AR Previous Filing #:		OC SA-1 AR (11.11).pdf

RESERVE NATIONAL INSURANCE COMPANY

601 East Britton Road
OKLAHOMA CITY, OKLAHOMA 73114

AMENDMENT

Coverage under the Policy to which this Amendment is attached is enhanced by deleting in its entirety the provision entitled "BENEFIT FOR EMERGENCY ROOM" and replacing it with the following provision:

BENEFIT FOR EMERGENCY ROOM/URGENT CARE CENTER

If a Covered Person, **as a result of an Injury received in a Covered Accident**, while this Policy is in force, incurs expense for treatment in a **Hospital emergency room or an urgent care center within 144 hours of the Covered Accident** that caused the Injury, we will pay benefits as follows:

(a) First, the **Deductible** must be satisfied **for each Injury**. No benefits are payable for covered expenses making up the Deductible. The Deductible for the Benefit for Emergency Room will be deemed satisfied for an Injury to the extent it was satisfied for the Benefits for Hospital Expenses for the same Injury. A Covered Person will not be required to satisfy the Deductible more than once for the same Injury.

(b) Then, we will pay the Benefit Percentage of the Expense Incurred, but not to exceed the Maximum Emergency Room Benefit amount shown on the Insured Schedule **for an Injury resulting from a Covered Accident**.

For purposes of this benefit, an "urgent care center" is a medical facility outside of a Hospital emergency department (1) where ambulatory patients are given immediate medical treatment on a walk-in basis without an appointment and (2) that has a current Certified Urgent Care Center designation from the Urgent Care Association of America or is accredited by the appropriate government agency.

This benefit is payable only for covered treatment received within **144 hours** of the Covered Accident that caused the Injury for which covered treatment is received.

All of the provisions, conditions, limitations and exclusions of the Policy to which this Amendment is attached which are not modified hereby and which are not in conflict herewith shall be applicable to this Amendment.

IN WITNESS WHEREOF, RESERVE NATIONAL INSURANCE COMPANY has caused this Amendment to be executed by its President and attested by its Secretary.


Secretary


President



Outline of Coverage for Scheduled Benefit Accident-Only Policy Form SA-1

NOTICE: PLEASE READ

- FORM SA-1 IS AN ACCIDENT-ONLY POLICY. IT DOES NOT COVER ANY SICKNESS.
- FORM SA-1 IS NOT A MAJOR MEDICAL POLICY.
- COVERAGE TERMINATES AT AGE 70.

Read Your Policy Carefully. This Outline of Coverage provides a very brief description of the important features of Scheduled Benefit Accident-Only Policy Form SA-1. This is not the insurance contract and only the actual provisions in the Policy will control. The Policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is therefore important that you **Read Your Policy Carefully!**

Accident-Only Coverage is designed to help cover certain losses resulting from a Covered Accident ONLY. Coverage is provided for the benefits outlined in paragraph II, subject to the limitations, exclusions, deductible and benefit percentage requirements outlined in paragraphs II and III.

For covered treatment of an Injury resulting from a Covered Accident, benefits payable are: the Benefit Percentage of 80% [see paragraph I (B) below] multiplied by the Expense Incurred, but **the amounts payable are limited to the maximum benefit amounts shown below** [see paragraphs I (D) through (L) below]. Additionally, before the emergency room/urgent care center benefit and the hospital expense benefits are payable, each Covered Person must satisfy the **Deductible** [see paragraph I (C) below] once in his/her lifetime for each Injury while the Policy is in force. The Benefit Percentage and Deductible do not apply to the Benefit for Accidental Death.

I. Acknowledgment of Maximum Benefit Amounts

(A) Benefit for Accidental Death:

Age 19 or Older-\$50,000/Under Age 19-\$10,000

(B) Benefit Percentage:

The Benefit Percentage is 80%

(C) Select Your Deductible Which Applies to Expenses Incurred for Each Injury:

Deductible Selected \$ _____

(D) Maximum Emergency Room/Urgent Care Center Benefit

80% of the Expense Incurred, up to \$10,000

(E) Maximum Surgeon's Benefit:

80% of the Expense Incurred, up to \$10,000

(F) Maximum Anesthesia Benefit:

80% of the Expense Incurred, up to 25% of the Surgeon's Benefit Payable

(G) Maximum Prosthesis Benefit:

80% of the Expense Incurred, up to \$5,000

(H) Maximum Daily Hospital Room and Board Benefit:

80% of the Expense Incurred, up to \$ _____

(I) Maximum Miscellaneous Hospital Inpatient Benefit:

80% of the Expense Incurred, up to \$ _____

(J) Maximum Inpatient Doctor Calls Benefit:

80% of the Expense Incurred, up to \$50 per call for up to 24 calls

(K) Maximum Inpatient Diagnostic Radiology Benefit:

80% of the Expense Incurred, up to \$2,500

(L) Maximum Inpatient Pathology Benefit:

80% of the Expense Incurred, up to \$1,000

Applicant's Signature for
Acknowledgement of Benefits

II. Description of Benefits

(A) Benefit for Accidental Death: For death caused by an Injury received in a Covered Accident, we will pay a benefit in the amount shown below. **Death must occur within 90 days of the Covered Accident.**

If you are age 19 or older on the date of the Covered Accident: \$50,000

If you are under age 19 on the date of the Covered Accident: \$10,000

(B) Benefit for Emergency Room/Urgent Care Center: If you are treated for an Injury in a Hospital emergency room or an "urgent care center" (as defined in the policy) **within 144 hours** of the Covered Accident that caused the Injury, and incur expenses in excess of the **Deductible** amount shown on page 1, we will pay **80%** of the Expense Incurred in excess of the Deductible, **but not to exceed a maximum benefit of \$10,000 for an Injury resulting from a Covered Accident.**

The **Deductible** applies to the Benefit for Emergency Room/Urgent Care Center. The Deductible for the Benefit for Emergency Room/Urgent Care Center will be deemed satisfied for an Injury to the extent it was satisfied for the Benefits for Hospital Expenses for the same Injury. You will not be required to satisfy the Deductible more than once for the same Injury.

(C) Benefits Payable While In Or Out Of The Hospital

(1) Benefit For Surgeon: For surgery performed by a Physician for treatment of an Injury received in a Covered Accident, we will pay **80%** of the Expense Incurred for the primary surgeon, **but not to exceed a maximum benefit of \$10,000 for an Injury resulting from a Covered Accident.** This benefit is not payable for Expense Incurred for a Physician who assists the primary surgeon with a surgical operation.

(2) Benefit For Anesthesia: For services of an anesthesiologist for a covered surgical procedure for treatment of an Injury received in a Covered Accident, we will pay **80%** of the Expense Incurred, **but not to exceed a maximum benefit of 25% of the benefit provided for the primary surgeon for the surgical procedure for an Injury resulting from a Covered Accident.**

(3) Benefit For Prosthesis: For a prosthesis for treatment of an Injury received in a Covered Accident, we will pay **80%** of the Expense Incurred, **but not to exceed a maximum benefit of \$5,000 for an Injury resulting from a Covered Accident.**

(D) Benefits Payable While In The Hospital

(1) Benefits for Hospital Expenses: If you are confined in a Hospital for treatment of an Injury received in a Covered Accident and incur Hospital expenses in excess of the **Deductible** amount shown on page 1, we will pay the **80%** of the Expense Incurred in excess of the **Deductible**, **but not to exceed the following stated amounts for an Injury resulting from a Covered Accident:**

- Daily hospital room and board Expenses Incurred, **but not to exceed the Maximum Daily Hospital Room and Board Benefit shown on page 1, for up to 60 days for an Injury resulting from a Covered Accident.**
- Expenses incurred for confinement in an intensive care unit, **but not to exceed the Maximum Daily Hospital Room and Board Benefit amount shown on page 1, for up to 10 days for an Injury resulting from a Covered Accident.** This benefit is in addition to that for Daily Hospital Room and Board.
- Miscellaneous Hospital inpatient Expenses Incurred, **but not to exceed the Maximum Miscellaneous Hospital Inpatient Benefit shown on page 1 for an Injury resulting from a Covered Accident. The Maximum Miscellaneous Hospital Inpatient Benefit payable for an Injury is limited to the amount shown on page 1.**

The **Deductible** applies to the above Benefits for Hospital Expenses. The Deductible for the Benefits for Hospital Expenses will be deemed satisfied for an Injury to the extent it was satisfied for the Benefit for Emergency Room/Urgent Care Center for the same Injury. You will not be required to satisfy the Deductible more than once for the same Injury.

(2) Benefit For In-Patient Doctor Calls: For personal treatment by a Physician while you are confined in a hospital for treatment of an Injury received in a Covered Accident, we will pay **80%** of the Expense Incurred, **but not to exceed a maximum benefit of \$50 for each treatment, limited to one treatment per day with a maximum of 24 treatments for an Injury resulting from a Covered Accident.**

(3) Benefit For Inpatient Diagnostic Radiology: For interpretation of X-rays, Cat Scans or Magnetic Resonance Imaging by a radiologist for treatment of an Injury received in a Covered Accident, while you are confined in a hospital, we will pay **80%** of the Expense Incurred, **but not to exceed a maximum benefit of \$2,500 for an Injury resulting from a Covered Accident.**

(4) Benefit For Inpatient Pathology: For services of a pathologist for treatment of an Injury received in a Covered Accident, while you are confined in a hospital, we will pay **80%** of the Expense Incurred, **but not to exceed a maximum benefit of \$1,000 for an Injury resulting from a Covered Accident.**

III. Exclusions

The Policy does not cover any loss caused or contributed to by: (a) war or any act of war, or suffered while serving in the armed forces of any country or international authority at war, whether war is declared or not (we will return pro-rata premium for any period not covered by the Policy while you are in such service); (b) suicide or attempted suicide, while sane or insane, or any intentionally self-inflicted injury; (c) drug abuse or drug overdose; (d) alcoholism; (e) mental illness, nervous or emotional disorders; (f) any Sickness, as defined in the Policy, or declining process caused by a Sickness, including physical or mental infirmity; (g) participation in a felony or attempted felony, riot or insurrection; (h) Injury sustained while in or on any aircraft or in falling or descending therefrom, including by parachute or otherwise, except while using a pass or paying a fare and riding as a passenger on a common carrier licensed by the appropriate authority and operated by a licensed pilot on a regularly scheduled flight between established airports; (i) bacterial infections, except infections that occur with and through a cut or wound received in a Covered Accident; (j) expenses incurred to the extent benefits are actually paid by Medicare; (k) charges that a Covered Person is not legally required to pay or that would not have been made if no insurance coverage had existed; (l) treatment received in a United States Government or Veterans hospital for which a Covered Person is not required to pay.

Your Policy, if issued, will include an Elimination Rider that excludes coverage for: (1) any Injury sustained by you while driving in any race or speed test or while testing an automobile or motorcycle on any race track or speedway; (2) participation in any rodeo, skydiving, parachuting, parasailing or scuba diving.

IV. Termination

A Covered Person's coverage will terminate upon the earlier of:

(A) At 12:01 A.M., Standard Time, at the place where the Insured resides, at the end of the 31-day grace period following the due date of any premium for that Covered Person which is not paid;

(B) The Covered Person's 70th birthday;

(C) For a dependent child, on the child's 19th birthday or upon the child's marriage, whichever occurs first; or

(D) The date provided in the Policy's Renewal Safeguard provision, if that provision becomes applicable.

V. Renewability

The Policy is renewable as follows:

(A) Subject to the Policy's Termination provision, we may not decline to renew the Policy except for one or both of the following reasons:

(1) Renewal premiums are declined on all policies bearing the same form number as your Policy issued to persons in the same state where you reside; or

(2) Failure to correctly report any matter inquired of in the application for your Policy.

(B) While the Policy is in effect, we shall not have any right to add any restrictive amendment. There shall be no change in rate classification due to any physical impairment or any claims incurred.

VI. Premium Payments

(a) You have a grace period of 31 days for the payment of each premium which becomes due after the first premium.

(b) Premiums may be changed. Premiums are based on the attained age of each Covered Person, and each Covered

Person's premium will increase following his/her birthday. Premiums may also increase at any time due to the Company changing its table of rates applicable on a class basis in your state. Classes may be determined according to sex, attained age, smoking status and state of residence. We will give you 31 days notice before any such premium change.

PLEASE READ BEFORE SIGNING

The soliciting agent signing below does not have the authority to bind the Company or to waive, change or amend any term or condition of a policy which may be issued by the Company.

You should consider additional coverage to provide for a sickness or a catastrophic injury.

I understand and acknowledge that:

Form SA-1 provides benefits only for Covered Accidents. It does not cover any Sickness.

I have received a copy of this outline of coverage, which I have reviewed.

Dated this _____ day of _____, 20_____.

Signed at _____, State of _____.

Applicant's Signature

Agent's Signature

Date

<i>SERFF Tracking Number:</i>	<i>RNIC-127795896</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Reserve National Insurance Company</i>	<i>State Tracking Number:</i>	<i>50260</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>SA-AMD-1 Amendment</i>		
<i>Project Name/Number:</i>	<i>SA-AMD-1 Amendment/</i>		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: SA-AMD-1 Amendment Readability Cert..pdf	Approved	11/17/2011

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A Comments:	Approved	11/17/2011

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:	Approved	11/17/2011

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage Comments: Attachment: OC SA-1 AR (11.11).pdf	Approved	11/17/2011



READABILITY CERTIFICATION

FORM NUMBER: **SA-AMD-1 - Amendment**

The words, sentences, and syllables of Form SA-AMD-1 were counted to be used in the Flesch Readability Formula in order to determine the readability score of the form. Formal names, medical terms and words defined (implicitly or explicitly) in the policy/rider/endorsement were not counted.

WORDS: 231

SENTENCES: 10

Syllables: 338

This resulted in a Flesch Readability score of **59.618**.

KYLE D. CONRAD
Senior Vice President
and Associate Corporate Counsel



Outline of Coverage for Scheduled Benefit Accident-Only Policy Form SA-1

NOTICE: PLEASE READ

- FORM SA-1 IS AN ACCIDENT-ONLY POLICY. IT DOES NOT COVER ANY SICKNESS.
- FORM SA-1 IS NOT A MAJOR MEDICAL POLICY.
- COVERAGE TERMINATES AT AGE 70.

Read Your Policy Carefully. This Outline of Coverage provides a very brief description of the important features of Scheduled Benefit Accident-Only Policy Form SA-1. This is not the insurance contract and only the actual provisions in the Policy will control. The Policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is therefore important that you **Read Your Policy Carefully!**

Accident-Only Coverage is designed to help cover certain losses resulting from a Covered Accident ONLY. Coverage is provided for the benefits outlined in paragraph II, subject to the limitations, exclusions, deductible and benefit percentage requirements outlined in paragraphs II and III.

For covered treatment of an Injury resulting from a Covered Accident, benefits payable are: the Benefit Percentage of 80% [see paragraph I (B) below] multiplied by the Expense Incurred, but **the amounts payable are limited to the maximum benefit amounts shown below** [see paragraphs I (D) through (L) below]. Additionally, before the emergency room/urgent care center benefit and the hospital expense benefits are payable, each Covered Person must satisfy the **Deductible** [see paragraph I (C) below] once in his/her lifetime for each Injury while the Policy is in force. The Benefit Percentage and Deductible do not apply to the Benefit for Accidental Death.

I. Acknowledgment of Maximum Benefit Amounts

(A) Benefit for Accidental Death:

Age 19 or Older-\$50,000/Under Age 19-\$10,000

(B) Benefit Percentage:

The Benefit Percentage is 80%

(C) Select Your Deductible Which Applies to Expenses Incurred for Each Injury:

Deductible Selected \$ _____

(D) Maximum Emergency Room/Urgent Care Center Benefit

80% of the Expense Incurred, up to \$10,000

(E) Maximum Surgeon's Benefit:

80% of the Expense Incurred, up to \$10,000

(F) Maximum Anesthesia Benefit:

80% of the Expense Incurred, up to 25% of the Surgeon's Benefit Payable

(G) Maximum Prosthesis Benefit:

80% of the Expense Incurred, up to \$5,000

(H) Maximum Daily Hospital Room and Board Benefit:

80% of the Expense Incurred, up to \$ _____

(I) Maximum Miscellaneous Hospital Inpatient Benefit:

80% of the Expense Incurred, up to \$ _____

(J) Maximum Inpatient Doctor Calls Benefit:

80% of the Expense Incurred, up to \$50 per call for up to 24 calls

(K) Maximum Inpatient Diagnostic Radiology Benefit:

80% of the Expense Incurred, up to \$2,500

(L) Maximum Inpatient Pathology Benefit:

80% of the Expense Incurred, up to \$1,000

Applicant's Signature for
Acknowledgement of Benefits

II. Description of Benefits

(A) Benefit for Accidental Death: For death caused by an Injury received in a Covered Accident, we will pay a benefit in the amount shown below. **Death must occur within 90 days of the Covered Accident.**

If you are age 19 or older on the date of the Covered Accident: \$50,000

If you are under age 19 on the date of the Covered Accident: \$10,000

(B) Benefit for Emergency Room/Urgent Care Center: If you are treated for an Injury in a Hospital emergency room or an "urgent care center" (as defined in the policy) **within 144 hours** of the Covered Accident that caused the Injury, and incur expenses in excess of the **Deductible** amount shown on page 1, we will pay **80%** of the Expense Incurred in excess of the Deductible, **but not to exceed a maximum benefit of \$10,000 for an Injury resulting from a Covered Accident.**

The **Deductible** applies to the Benefit for Emergency Room/Urgent Care Center. The Deductible for the Benefit for Emergency Room/Urgent Care Center will be deemed satisfied for an Injury to the extent it was satisfied for the Benefits for Hospital Expenses for the same Injury. You will not be required to satisfy the Deductible more than once for the same Injury.

(C) Benefits Payable While In Or Out Of The Hospital

(1) Benefit For Surgeon: For surgery performed by a Physician for treatment of an Injury received in a Covered Accident, we will pay **80%** of the Expense Incurred for the primary surgeon, **but not to exceed a maximum benefit of \$10,000 for an Injury resulting from a Covered Accident.** This benefit is not payable for Expense Incurred for a Physician who assists the primary surgeon with a surgical operation.

(2) Benefit For Anesthesia: For services of an anesthesiologist for a covered surgical procedure for treatment of an Injury received in a Covered Accident, we will pay **80%** of the Expense Incurred, **but not to exceed a maximum benefit of 25% of the benefit provided for the primary surgeon for the surgical procedure for an Injury resulting from a Covered Accident.**

(3) Benefit For Prosthesis: For a prosthesis for treatment of an Injury received in a Covered Accident, we will pay **80%** of the Expense Incurred, **but not to exceed a maximum benefit of \$5,000 for an Injury resulting from a Covered Accident.**

(D) Benefits Payable While In The Hospital

(1) Benefits for Hospital Expenses: If you are confined in a Hospital for treatment of an Injury received in a Covered Accident and incur Hospital expenses in excess of the **Deductible** amount shown on page 1, we will pay the **80%** of the Expense Incurred in excess of the **Deductible**, **but not to exceed the following stated amounts for an Injury resulting from a Covered Accident:**

- Daily hospital room and board Expenses Incurred, **but not to exceed the Maximum Daily Hospital Room and Board Benefit shown on page 1, for up to 60 days for an Injury resulting from a Covered Accident.**
- Expenses incurred for confinement in an intensive care unit, **but not to exceed the Maximum Daily Hospital Room and Board Benefit amount shown on page 1, for up to 10 days for an Injury resulting from a Covered Accident.** This benefit is in addition to that for Daily Hospital Room and Board.
- Miscellaneous Hospital inpatient Expenses Incurred, **but not to exceed the Maximum Miscellaneous Hospital Inpatient Benefit shown on page 1 for an Injury resulting from a Covered Accident. The Maximum Miscellaneous Hospital Inpatient Benefit payable for an Injury is limited to the amount shown on page 1.**

The **Deductible** applies to the above Benefits for Hospital Expenses. The Deductible for the Benefits for Hospital Expenses will be deemed satisfied for an Injury to the extent it was satisfied for the Benefit for Emergency Room/Urgent Care Center for the same Injury. You will not be required to satisfy the Deductible more than once for the same Injury.

(2) Benefit For In-Patient Doctor Calls: For personal treatment by a Physician while you are confined in a hospital for treatment of an Injury received in a Covered Accident, we will pay **80%** of the Expense Incurred, **but not to exceed a maximum benefit of \$50 for each treatment, limited to one treatment per day with a maximum of 24 treatments for an Injury resulting from a Covered Accident.**

(3) Benefit For Inpatient Diagnostic Radiology: For interpretation of X-rays, Cat Scans or Magnetic Resonance Imaging by a radiologist for treatment of an Injury received in a Covered Accident, while you are confined in a hospital, we will pay **80%** of the Expense Incurred, **but not to exceed a maximum benefit of \$2,500 for an Injury resulting from a Covered Accident.**

(4) Benefit For Inpatient Pathology: For services of a pathologist for treatment of an Injury received in a Covered Accident, while you are confined in a hospital, we will pay **80%** of the Expense Incurred, **but not to exceed a maximum benefit of \$1,000 for an Injury resulting from a Covered Accident.**

III. Exclusions

The Policy does not cover any loss caused or contributed to by: (a) war or any act of war, or suffered while serving in the armed forces of any country or international authority at war, whether war is declared or not (we will return pro-rata premium for any period not covered by the Policy while you are in such service); (b) suicide or attempted suicide, while sane or insane, or any intentionally self-inflicted injury; (c) drug abuse or drug overdose; (d) alcoholism; (e) mental illness, nervous or emotional disorders; (f) any Sickness, as defined in the Policy, or declining process caused by a Sickness, including physical or mental infirmity; (g) participation in a felony or attempted felony, riot or insurrection; (h) Injury sustained while in or on any aircraft or in falling or descending therefrom, including by parachute or otherwise, except while using a pass or paying a fare and riding as a passenger on a common carrier licensed by the appropriate authority and operated by a licensed pilot on a regularly scheduled flight between established airports; (i) bacterial infections, except infections that occur with and through a cut or wound received in a Covered Accident; (j) expenses incurred to the extent benefits are actually paid by Medicare; (k) charges that a Covered Person is not legally required to pay or that would not have been made if no insurance coverage had existed; (l) treatment received in a United States Government or Veterans hospital for which a Covered Person is not required to pay.

Your Policy, if issued, will include an Elimination Rider that excludes coverage for: (1) any Injury sustained by you while driving in any race or speed test or while testing an automobile or motorcycle on any race track or speedway; (2) participation in any rodeo, skydiving, parachuting, parasailing or scuba diving.

IV. Termination

A Covered Person's coverage will terminate upon the earlier of:

(A) At 12:01 A.M., Standard Time, at the place where the Insured resides, at the end of the 31-day grace period following the due date of any premium for that Covered Person which is not paid;

(B) The Covered Person's 70th birthday;

(C) For a dependent child, on the child's 19th birthday or upon the child's marriage, whichever occurs first; or

(D) The date provided in the Policy's Renewal Safeguard provision, if that provision becomes applicable.

V. Renewability

The Policy is renewable as follows:

(A) Subject to the Policy's Termination provision, we may not decline to renew the Policy except for one or both of the following reasons:

(1) Renewal premiums are declined on all policies bearing the same form number as your Policy issued to persons in the same state where you reside; or

(2) Failure to correctly report any matter inquired of in the application for your Policy.

(B) While the Policy is in effect, we shall not have any right to add any restrictive amendment. There shall be no change in rate classification due to any physical impairment or any claims incurred.

VI. Premium Payments

(a) You have a grace period of 31 days for the payment of each premium which becomes due after the first premium.

(b) Premiums may be changed. Premiums are based on the attained age of each Covered Person, and each Covered

Person's premium will increase following his/her birthday. Premiums may also increase at any time due to the Company changing its table of rates applicable on a class basis in your state. Classes may be determined according to sex, attained age, smoking status and state of residence. We will give you 31 days notice before any such premium change.

PLEASE READ BEFORE SIGNING

The soliciting agent signing below does not have the authority to bind the Company or to waive, change or amend any term or condition of a policy which may be issued by the Company.

You should consider additional coverage to provide for a sickness or a catastrophic injury.

I understand and acknowledge that:

Form SA-1 provides benefits only for Covered Accidents. It does not cover any Sickness.

I have received a copy of this outline of coverage, which I have reviewed.

Dated this _____ day of _____, 20_____.

Signed at _____, State of _____.

Applicant's Signature

Agent's Signature

Date